GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2285
ANSWERED ON:29.07.2016
Shortage of Doctors, Specialists and Nurses
Kumar Shri Ashwini;Maganti Shri Murali Mohan;Mondal Shri Sunil Kumar;Mullappally Shri Ramachandran;Roy Prof. Saugata;Teli Shri Rameswar

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that there are shortage of doctors, specialists, psychologists and nurses in Government hospitals/healthcare centres particularly in the rural areas;

(b) if so, the details thereof, State/UTwise along with the reasons therefor;

(c) whether the Government has taken action/proposes to take action to recruit the said health professionals in all the hospitals in the country, if so, the details thereof;

(d) whether the Government proposes to blend nursing courses with 'Skill India' training courses, if so, the details thereof; and

(e) whether the Government has any plan to increase the number of mobile dispensaries including mobile boat dispensaries to provide basic health services in the remote and inhospitable areas particularly the border areas of Assam, if so, the details thereof?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a) & (b): As per Rural Health Statistics (RHS) 2014-15, there is shortage of doctors, specialists, nurses etc. in Government hospitals/healthcare centres. The State/UT-wise information of Sanctioned and In Position of Doctors, Specialists & Nurses at Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub District/Sub Divisional Hospitals and District Hospitals is at Annexure.
Various reasons attributed for shortage of doctors/specialists/nurses in public health facilities, particularly in rural areas include overall shortage of doctors/ specialists/ nurses in the country, feeling of professional isolation among doctors & specialists, and unwillingness on their part to work in rural areas.
(c): Public health being a State subject, the primary responsibility to ensure availability of health professionals in public health facilities lies with the State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for engagement of health professionals on contractual basis, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs). Support is also provided to States/UTs by giving hard area allowance to health human resources for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.

Further, in order to encourage doctors to work in remote and difficult areas, the Medical Council of India, with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:

I. 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas; and

II. Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.
The Government has taken the following steps to further augment the supply of doctors in the country:
I. The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry.

II. DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

III. Enhancement of maximum intake capacity at MBBS level from 150 to 250.

IV. Enhancement of age limit for appointment/extension/re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.

V. Relaxation in the norms for setting up of a medical college in terms of requirement for and, faculty, staff, bed/ bed strength and other

infrastructure.

VI. Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats with fund sharing between the Central and State Government.

VII. Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country with fund sharing between the Central Government and States.

VIII. Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats with fund sharing between the Central Government and States.
(d): Currently, there is no such proposal.

(e): Under NHM, States/UTs have been supported with Mobile Medical Units (MMUs) to provide services at the doorsteps of population living in the remote and hard to reach areas, based on the requirements posed by the States/UTs in their PIPs. In 2015-16, 50 MMUs and 15 Boat clinics in the riverline and hard to reach areas of Assam were approved under NHM.